



Atty. Dkt. No. 051009-0119

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ulrich DELIUS  
Title: POLYAMIDE BASED SAUSAGE  
SKIN WHICH CAN BE FILLED  
MANUALLY  
Appl. No.: 09/284,024  
Filing Date: 04/06/1999  
Examiner: S. Hon  
Art Unit: 1772

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated August 4, 2004, and in the Advisory Action dated December 21, 2004, finally rejecting Claims 1 and 3-18.

☐ Applicant claims small entity status.

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

02/07/2005 AWONDAF1 00000097 09284024

01 FC:1401 500.00 OP  
02 FC:1253 910.00 OP

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$500.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$1,020.00
<input checked="" type="checkbox"/>	Extension Already Obtained for first month (paid before December 8, 2004):	\$110.00
	FEE TOTAL:	\$1,410.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):	\$0.00
	TOTAL FEE:	\$1,410.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$1,410.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 3, 2005

By 

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